FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full) SHAFFER, JEREMY, , ,											
	(b) Address (number and street) PO BOX 391	☐ Check if address changed					Candidate's FEC Identification Number H2PA17160					
	(c) City, State, and ZIP Code						3. Is This New Amended					
	GIBSONIA		F	PA	15044	ļ	Statement (N) OR (A)					
4.	Party Affiliation	5. Office Soug	ht				rict of Candidate					
	REPUBLICAN PARTY	House				PA	17					
	DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE											
7.	7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 (year of election)											
	NOTE: This designation should be f	iled with the ap	propriate o	ffice liste	d in th	e instructions.						
	(a) Name of Committee (in full) FRIENDS OF JEREMY SHAFFER											
	(b) Address (number and street) PO BOX 391											
	(c) City, State, and ZIP Code											
	GIBSONIA					PA	15044					
	DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)											
8.	I hereby authorize the following name candidacy.	ned committee,	which is No	OT my p	rincipa	l campaign com	nmittee, to receive and expend funds on behalf of my					
	NOTE: This designation should be f	iled with the pri	ncipal cam	paign co	mmitte	e.						
(a) Name of Committee (in full) SHAFFER FOR PA-17 REPUBLICAN NOMINEE FUND 2022												
	(b) Address (number and street) PO BOX 9891											
	(c) City, State, and ZIP Code											
	ARLINGTON					VA	22219					
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.												
Si	gnature of Candidate						Date					
SI	HAFFER, JEREMY, , ,				[Electi	onically Filed]	08/02/2022					
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.												

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES(Including Joint Fundraising Representatives)

8.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.								
	(a) Name of Committee (in full)								
	TAKE BACK THE HOUSE 2022								
	(b) Address (number and street) PO BOX 30844								
	(c) City, State, and ZIP Code	_							
	BETHESDA MD 20824								
8.	hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.								
	(a) Name of Committee (in full) JEREMY SHAFFER VICTORY FUND								
	(b) Address (number and street) PO BOX 391								
	(c) City, State, and ZIP Code								
	GIBSONIA PA 15044								
8.	3. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full)								
	(b) Address (number and street)								
	(c) City, State, and ZIP Code								
8.	hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE : This designation should be filed with the principal campaign committee.								
	(a) Name of Committee (in full)								
	(b) Address (number and street)								
	(c) City, State, and ZIP Code								